

## **SURVEY AND CERTIFICATION FOLLOW-UP PROTOCOL**

### **A) Purpose of Follow-up**

1. The purpose of follow-up is to determine if issues identified as needing improvement in the provider report are corrected throughout the organization.
2. The purpose of follow-up is to assure that important safeguards impacting the lives of individuals are corrected. Scores, ratings and the provider's level of certification are not changed as a result of follow-up.

### **B) Criteria for Follow-up**

1. The overall rating for a provider is a Partially Achieved or lower in one or more outcome within Rights and Dignity and/or Personal Well-being; or
2. 33% of individuals whose services received a rating of Partially Achieved or lower in one or more flagged measures.

### **C) Notification of Follow-up**

1. During the Service Enhancement Meeting, the provider is notified of the Level of Certification and the specific outcomes that will be subject to follow-up by the Office of Quality Enhancement (OQE).
2. At the time of the Service Enhancement Meeting, the provider is given the Survey and Certification Follow-up Report (see attached follow-up report) which details the Areas Needing Improvement in the flagged outcome(s) designated for follow-up. Follow-up occurs within 60 days of the Service Enhancement meeting.

### **D) Selection of Sample**

1. OQE will follow-up on:
  - a) The organizational systems the agency developed to ensure the area(s) needing improvement are corrected throughout the agency's services

- b) All of the individuals who received a Partially Achieved or lower in the outcomes; and
- c) A purposeful sample of new individuals equal to 25% of the number of individuals who received a partially achieved in the outcome, but no less than one individual. These additional reviews will encompass a review of the entire outcome that received less than an achieved rating. This additional review is to ensure the agency's revised systems adequately address the need identified during the survey.

**E) Procedures**

1. The follow-up review consists of a determination of whether or not the outcome is present for individuals. The presence of the outcome is noted by a "yes" or "no."
2. Follow-up begins by reviewing the Areas Needing Improvement cited for the individuals in the original sample. (The Safeguards Summary and/or Rating Sheet is the source reference.)
3. If follow-up demonstrates that the issue(s) have not been corrected for any of the individuals in the original sample, the newly selected individuals are not surveyed. The follow-up would have already demonstrated that the area identified has not been fully corrected.
4. If follow-up demonstrates correction for all individuals in the original sample, the team proceeds with a review of the identified issues for the newly selected individuals.
5. Once the review of the newly selected individuals is complete, the Follow-up Report should stipulate whether the issues are Corrected, Partially Corrected or Not Corrected as identified in the Follow-up Report and the agency's organizational systems address the need.

**F) Follow-up Report**

1. The team completes the Survey and Certification Follow-up Report (Attached) as follows:

- a) Agency - The provider corporate name should be written exactly as it appears on the original Provider Certification Report.
- b) Follow-up Team Member(s) - The QE Specialist(s) who conducted the follow-up.
- c) Expected Follow-up Date - The date by which the Team expects to start follow-up.
- d) Follow-up Completion Date - The end date of follow-up by the team.
- e) Areas Needing Improvement - These are the same as identified in the Provider Report.
- f) Findings - A description of the team findings during Follow-up.
- g) Follow Up Results - Indicates whether the measure is corrected, partially corrected, or not corrected by an “x” in the appropriate box.

**G) Actions to be taken as a Result of Follow-up**

- 1. The provider’s Level of Licensure will remain unchanged.
- 2. The post follow-up status of all previously identified Areas Needing Improvement (corrected, uncorrected, or partially corrected) are delineated in the Follow-up Report.

**H) Dissemination**

- 1. The Follow-up Report is reviewed by the Regional Director of Quality Enhancement and, when complete, is sent to the provider with a cover letter (see attached samples). Copies are also sent to the Area/Regional Director and the Director of Survey and Certification.